



## **Shoreline School District Workplace Hazard Reporting Form**

If you complete this as an employee, give a completed copy to your Supervisor. If you don't want to include your name on the form, make sure to give enough details about the hazard so your employer can recognize and correct it.

### **Employee's Description of a Workplace Hazard**

(Use with WAC 296-800-120 Employees Responsibilities and WAC 296-800-140 Accident Prevention Program)

**Today's Date:**

**Your name** (Optional):

**Briefly describe the workplace hazard:**

(Please give more details if you are filling this out anonymously. Use the back if you need more room.)

\_\_\_\_\_

**Where is the hazard located?**

\_\_\_\_\_

**Has the hazard been reported to your employer?**

**If so, who was it reported to?**

- **Briefly describe what's been done to correct the hazard.**

\_\_\_\_\_

- **Who took action to correct the hazard?**

**Note: Please return form to the Deputy Superintendent's office for referral to the Worker's Compensation Safety Committee.**